GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-2440

DIRECTIONS FOR CALCULATING CONTACT CLOCK HOURS

APPLICANT: PLEASE PROVIDE THESE INSTRUCTIONS (PAGES 8, 9 & 10) WITH THE CCH FORM (PAGES 11 & 12) TO THE PROGRAM CHAIR

Dear Nursing Program Chairperson:

The Georgia Law Governing the Practice of Licensed Practical Nursing requires a candidate for licensure as an LPN to demonstrate a minimum of 700 hours of theory content in specified courses and a minimum of 700 hours of clinical experience in specific areas of practice. Many applicants are needlessly delayed in receiving a Georgia license because their transcript alone does not contain the actual total number of <u>clock</u> hours.

In order for the Georgia Board of Examiners of Licensed Practical Nurses to evaluate an applicant's credentials for licensure, we require that an official school transcript be submitted with a break down of courses on the enclosed Contact Clock Hour Calculation Form (application pages 11 & 12 to be provided you by the applicant).

Please follow these directions to complete the form so that your program's former student will receive every credit that he/she has earned in your curriculum toward Georgia licensure.

DIRECTIONS:

I. COURSES AND CLINICAL EXPERIENCE AREAS TO BE CONSIDERED

Please note that a "Passing" grade must have been received in any course in order for its theory and/or clinical hours to be counted toward licensure.

      A. Theory Content should include:

          1. Required Content (either as individual courses or integrated).
            All of the following course content areas must be provided in the curriculum and such curriculum shall contain a <u>minimum</u> of five hundred (500) hours in these areas:
            a. Anatomy and Physiology
            b. Nutrition and Diet Therapy
            c. Drug Calculations and Administration
            d. Pharmacology
            e. Personal and Professional Relationships
            f. Nursing Fundamentals
            g. Medical Nursing
            h. Surgical Nursing
            i. Maternal/Infant Nursing
            j. Child Nursing
            k. Mental Health/Illness

*State the content area for each theoretical and/or clinical course. Your course acronym and title may <u>not</u> be self explanatory.

*Please indicate content areas per course if curriculum is integrated for theory and/or

clinical.

2.   Acceptable additional content hours may be obtained from the following course areas, provided no course area is duplicated.

        a.   English
        b.   Math
        c.   Psychology
        d.   Sociology
        e.   Chemistry
        f.   Medical Terminology
        g.   National Practical Nursing Licensure Examination Preparation
        h.   Computer Science

3.   Theory hours are further defined to include classroom activities such as:
        a.   Lectures
        b.   Group discussions
        c.   Classroom procedure demonstrations
        d.   Return demonstrations performed in the nursing lab on classmates and/or manikins.

It is IMPORTANT that all "lab" hours be differentiated into either "Theory" or "Clinical" as defined.

B.   Clinical Experience should include:

1.   Required areas. All of the following clinical experience areas must be provided in the curriculum.
        a.   Medical Nursing
        b.   Surgical Nursing
        c.   Maternal/Infant Nursing
        d.   Child Nursing
        e.   Mental Health/Illness Nursing
        f.   Geriatric Nursing
        g.   Medication Administration AND
        h.   Other appropriate and related experiences

2.   Clinical hours are further defined to include all hours spent in <u>actual patient</u> care and in clinical pre- and post-patient care conferences. Please delete meal and other "break" times.

It is IMPORTANT that all "lab" hours be differentiated into either "Theory" or "Clinical" as defined.

*State the content area for each theoretical and/or clinical course. Your course acronym and title may <u>not</u> be self explanatory.

*Please indicate content areas per course if curriculum is integrated for theory and/or clinical.

II.   FORMULAS

The Formulas to be utilized for calculating contact clock hours are:

A.   <u>Theory Hours</u> = The number of hours per classroom session X the number of classroom sessions per week X the number of weeks in the quarter (or semester).

B.   <u>Clinical Hours</u> = The number of hours per clinical experience day X the number of clinical experience days per week X the number of weeks in the quarter (or semester).

C.   **Examples** of the Calculation of Clock Hours:

COURSE	HOURS PER CLASS, LAB OR CLINICAL	CLASSES PER WEEK	NUMBER OF WEEKS	TOTAL
Nutrition (Diet Therapy)	1	3	10	30
Anatomy/ Physiology	1 (lecture) 4 (classroom lab)	3 1	10 10	30 40
Nursing 201 (Fundamentals)	2 (class) 2 (classroom lab) 8 (clinical)	1 2 3	10 5 8	20 20 192
SUMMARY Course	**THEORY** (Classroom & Lab)	**CLINICAL** (Patient care & pre and post conferences)		
Nutrition A & P Nsg. 201	30 30 & 40 <u>+20 & 20</u> 80 + 60 = 140 Total	0 0 <u>+ 192</u> 192 TOTAL		

III.   COMPLETION

After you have completed and totaled both sections of the Contact Clock Hours Calculation Form (written legibly or typed), please **<u>affix your program's seal</u>**, sign and return form to the address listed on the top of the form. Thank you for assisting the licensure applicant in this manner.

<u>*APPLICANT: PLEASE PROVIDE THESE INSTRUCTIONS WITH THE CCH FORM TO THE PROGRAM CHAIR*</u>

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www.sos.state.ga.us/plb/lpn

NURSING PROGRAM CALCULATION OF CLOCK HOURS

Instructions:
1. Complete Section I and sign.
2. Submit this form to your nursing program.
3. Request an official copy of your transcripts from your nursing program to be **sent directly to the address above**.
3. **Your nursing program is required to mail this completed form directly to the Board at the address above.**

Section I (To be completed by applicant)

Name of Applicant

_____
| Last | First | Middle | Maiden |

Address

_____
| Street | City | State | Zip Code |

_____   _____
Signature of Applicant   Social Security Number

_____   _____
Date of Birth   Applicant's telephone number

*********APPLICANT: DO NOT WRITE BELOW THIS LINE**********

Section II (To be completed by Nursing Program Chair)
**1. Complete Section II of this form   2. Sign and attach school seal and an official transcript to this form
3. MAIL THIS FORM DIRECTLY TO THE BOARD OFFICE at: 237 Coliseum Drive, Macon, GA 31217-3858.**

1   Did student graduate? _____ Dates attended: _____Date of Graduation: _____
2.   Was a diploma, certificate or degree awarded to the student? ____ What type? _____

3.   Please indicate the actual **THEORY CLOCK HOURS** for the following courses:

COURSES **THEORY CLOCK HOURS** Clock hours means actual classroom time (ex: a class meeting 1 hour/day 3 times a week for 6 weeks = 18 hours)	**THEORY/LAB** – Either as individual courses or integrated. See instructions	**Grade Received** *Must be passing grade to be counted	**Check here if subject was integrated.**
ENGLISH			
GENERAL MATH			
COMPUTER LITERACY			
PSYCHOLOGY			
SOCIOLOGY			
CHEMISTRY			
ANATOMY & PHYSIOLOGY			
MEDICAL TERMINOLOGY			
DIET AND NUTRITION			
BASIC PHARMACOLOGY			
DRUG CALCULATIONS AND DRUG ADMINISTRATION			
INTRODUCTION TO HEALTHCARE/CPR			
PRINCIPLES & PROCEDURES OF DIAGNOSTIC STUDIES			

FUNDAMENTALS OF NURSING			
BASIC NURSING INTRODUCTION			
MEDICAL NURSING ADULTS AND GERIATRICS			
SURGICAL NURSING ADULTS AND GERIATRICS			
MENTAL HEALTH NURSING/PSYCHIATRIC NURSING			
PEDIATRICS NURSING			
OBSTETRICS NURSING/MOTHER AND NEWBORN			
LEADERSHIP, MANAGEMENT, AND ETHICS IN NURSING			
PRINCIPLES OF IV THERAPY TECHNIQUES			
DIET THERAPY			
MEDICINE ADMINISTRATION TECHNIQUES AND PRINCIPLES			
COMMUNITY HEALTH & HEALTH CARE			
NCLEX PREPARATION			
COMPUTER SCIENCE			
TOTAL CLOCK HOURS IN THEORY: INDICATE IN NEXT COLUMN.	_____ **THEORY HOURS**		

4. List below the number of **CLINICAL CLOCK HOURS** and grade for the following required areas:

CLINICAL CLOCK HOURS Hours spent in actual patient care and in clinical pre- and post-patient care conferences	**CLINICAL**	**LAB**	**GRADE RECEIVED** *Must be passing grade to count towards hours received		**Check here if subject was integrated.**
FUNDAMENTALS OF NURSING					
NURSING PRINCIPLES					
SKILLS CLINICAL PRACTICUM					
CLINICAL PRACTICUM OBSTETRICS					
CLINICAL PRACTICUM PEDIATRICS					
CLINICAL PRACTICUM MEDICAL NURSING- ADULT/GERIATRICS					
CLINICAL PRACTICUM SURGICAL NURSING- ADULT/GERIATRICS					
MEDICATION ADMINISTRATION					
CLINICAL PRACTICUM LEADERSHIP					
TOTAL CLOCK HOURS IN CLINICAL					
	_____ **CLINICAL**	____ **LAB**			

5. Indicate the total number of clock hours (both theory and clinical) that is required for all nursing students: _____

6. The nursing program was approved by _____

School Name	School Address	School City State and Zip

Signature of Preparer	Printed Name and title	Telephone number	Date

(Affix school seal here)